Exempt Organization Business Income Tax Return

der Section 511 of the Internal Revenue Code) For calendar year 1987 or other tax year	
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)	OMB No. 1545-0687
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Internal Revenue Service Name of organization A Employer identification number (employees' trust see instruction for Block A) Address (number and street) Enter unrelated business activity codes from page 12 of instructions City or town, state, and ZIP code Check box if address changed. . . **D** Exempt under section ► 501(408(e)) OR Check type of organization . . ▶ ☐ Corporation П Trust ☐ Section 401(a) trust Group exemption number (see instructions for Block F) ▶ If the unrelated trade or business gross income is \$10,000 or less, complete only page 1 and Part III on page 2, and sign the return. Complete all applicable parts of the form (except lines 1 through 4) if unrelated trade or business gross income is over \$10,000. 1 Unrelated trade or business gross income (state sources ▶ Taxable Income 2 Deductions (including net operating loss) (complete Parts I and II instead of lines 1, 2, 3, and 4 if 2 you have gross income over \$10,000) . 3 3 Unrelated business taxable income before specific deduction (subtract line 2 from line 1). Unrelated business taxable income (Subtract line 4 from line 3 or enter amount from line 33, page 2. If line 4 is greater than line 3, enter the lesser of zero or line 3.) 5 Organizations Taxable as Corporations (see Instructions for tax computation) Fax Computation **6a** Check if you are a member of a controlled group (see sections 1561 and 1563) \blacktriangleright If checked, see instructions and enter your share of tax bracket amounts. If your tax year includes June 30, 1987, complete both b and c below. Otherwise, complete only c. (i) \$ -----(ii) \$ -----(iii) \$ ------(iv) \$ ____(ii) \$ Income tax on the amount on line 5, above. Check here ▶ ☐ if from Schedule D (Form 1120) 7 Trusts Taxable at Trust Rates (see Instructions for tax computation) Income tax on the amount on line 5. Use the tax rate schedules in the instructions 8 Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 9a Other credits (see instructions) 9b General business credit.—Check if from Form 3800 Form 3468 Form 6478 9с 10 Total (add lines 9a through 9c). . 10 Subtract line 10 from line 7 or line 8 11 11 12 Tax from recomputing prior year investment credit (attach Form 4255) 12 Alternative minimum tax _______ **b** Environmental tax 13c Fotal Income Tax 14 TOTAL TAX (add lines 11, 12 and 13c) . . . 14 Payments: a 1986 overpayment credited to 1987 15b 1987 estimated tax payments . . 15c **c** Subtotal (add lines 15a and 15b) Tax deposited with Form 7004 or Form 2758. Foreign organizations—Tax paid or withheld at the source (see instructions). f Other credits and payments (see instructions) 15f 16 Total credits and payments (add lines 15c through 15f) 16 17 Enter the **PENALTY** for underpayment of estimated tax. Check if Form 2220 is attached 17 18 TAX DUE—If the total of lines 14 and 17 is larger than line 16, enter AMOUNT OWED 18 19 **OVERPAYMENT**—If line 16 is larger than the total of lines 14 and 17, enter AMOUNT OVERPAID ▶ 19 20 Enter the amount of line 19 you want: Credited to 1988 estimated tax ▶ 20 Refunded ▶ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. **Please** Sign

Here Signature of officer Date Title Date Check if Preparer's Preparer's social security no. Paid self-emsignature ployed Preparer's Firm's name (or E.I. No. Use Only yours, if self-employed) ZIP code and address

Form 990-T (1987) SCHEDULE C—RI	ENT INCOME FRO	M RFAL PROP	ERTY AND PERSON	AI PROPERTY	LFASED V	VITH RFAI	Page :		
	ee Instructions for P	art I, line 6)		2. Rent re			tage of rent		
	1. Descript	ion of property		or acci			nal property		
	-						9		
						-	9 9 9		
					****		9		
							9		
4. Complete for any item if the rer	if the entry in column 3 is inting the same of the sam	more than 50%, or	5. Complete for any item	if the entry in column	3 is more than 1	10% but not mor			
(a) Deductions directly cor	- (b) Income	ıncludible	(a) Gross income reportable						
nected (Attach schedule) (Column 2 minu		s column 4(a))	(Column 2 x column 3)	personal property (A	ttach schedule)	schedule) 5(a) minus co			
		.				+			
Add solumns 4/	b) and 5(a) and onto	or total boro and	an line 6. Dort I. nage	3					
SCHEDULE F—U	NRFI ATED DERT	FINANCED INC	on line 6, Part I, page	∠					
<u> </u>	WELKIED DEDI	IIIAIIOED IIIC			ons directly con	nected with or a	locable		
1. Descrip	otion of debt-financed prope	erty	2. Gross income from or allocable to debt-	(a) Straight-line	to debt-financ				
			financed property	(Attach sc			schedule)		
1									
		S.							
4. Amount of average 5. Average adjusted			7. Gross income	8. Allocable o	leductions	9. Net income (loss)			
acquisition indebtedness or allocable to debt-finance	d debt-financed prope	erty 4 is of	reportable (Column 2 x column 6)	(Column 6 × tot	al of columns	includible (Column 7 minus column 8)			
property (Attach schedule)	(Attach schedule) col. 5		- (a) and					
Management and Advanced to the		%							
		%							
		%							
2 Total (enter here a	nd on line 7, Part I, pa	nge 2)							
			FOTION FO1(2)(7)			0411747			
3CHEDULE FI)	see Instructions for	COIVIE OF A S Part I, line 8)	ECTION 501(c)(7)	, (9), (17), UI	R (20) OR	GANIZAT	ION		
		2. Amount		4. Net investment ncome (Column 2	5. Set-asid		Balance of invest-		
		Z. Allioun		minus column 3)	(Attach sched		ncome (Column nus column 5)		
Total (enter here	and on line 8, Part I,	page 2)							
SCHEDULE G—Ņ	COME (ANNUITIE	S, INTEREST,	RENTS AND ROYAL	TIES) FROM C	ONTROLLI	ED ORGAN	IZATIONS		
(Se	ee Instructions for P	art I, line 9)		A 1	-vommt comtuelle	- J			
Name and address of controlled organization(s)		2. Gross income	3. Deductions of controlling organization		(b) Taxa	olled organizations axable income com-			
		from controlled organization(s)	directly connected with column 2 income (Attach	(a) Unrelated business taxab	púted a le empt ur	s though not ex- ider sec. 501(a),	Percentage which col.		
			schedule)	income	or the ar whic	mount in col. (a) hever is more	(a) is of col. (b)		
							%		
							%		
5. Nonexe	empt controlled organization	าร					%		
(a) Excess tayable (b) Taxable income,		or (c) Percentage	6. Gross income reportable (Column 2 × column 4(c)	7. Allowable d (Column 3 x	column	8. Net income includible (Column 6 minus column 7)			
income	amount in column (a whichever is more	is of col. (b)	or column 5(c))	4(c) or colur	mn 5(c))	(Column o m	nus coluinn 7)		
		%							
		% %							
	I	page 2)							

SCHEDULE H—EX	(PLOIT	ED EXE	MPT ACTIVI Part I, line 10	TY INCO	ИE,	OTHE	R THA	N ADVI	RTI	SING IN	COM	IE .	
Description of unreexploited activity		2. Gross unrelated business income from trade or business 3. Expedirectly con with prod of unrel business i		4. Net ince from unrel trade or bus (Column 2 r	4. Net income from unrelated rade or business Column 2 minus column 3)		5. Gross income from activity that is not unrelated business income		ses le to 5	7. Excess exempy expenses (Column 6 minus column 5 but not more that column 4)		n 8. Net income 5, includible (Colum	
				-									

Total (enter here					· .								
SCHEDULE I—AD	VERTIS	SING IN	COME AND	ADVERTI	SIN	<u>G LOS</u>	S (see	Instruction	ns fo	r Part I, li	ne 11)		
Part I Income Fro	m Perio	dicals Re	ported on a (ī			_	1		
1. Name of periodical	2. Gross advertising income		3. Direc advertisır costs	t loss (comp g comp an	4. Advertising g loss (col. 2 minu 3). If loss, enter B, Part III. Do complete cols. and 7 if gal complete cols. and 7		ter in col. Do not ols. 5, 6, gain, ols. 5, 6,		6. F	Readership costs		7, If col. 5 exceeds col. 6, enter in col. A, Part III, the gain shown in col. 4. If col. 6 exceeds col. 5, subtract col. 6 plus col. 3 from col. 5 plus col. 2. Enter gain in col. A, Part III.	
Totals									_				
Part II Income Fro	m Period	dicals Re	ported on a S	eparate B	asis						1		
											-		
											1		
											ļ		
									_		-		
	• • •												
Part III Column A-	-Adverti	sing Inco	ome	Part	Щ	Colum	n B— <i>F</i>	Advertisi	ng Lo	oss			
(a) Enter "consolidated per names of nonconsolidated p		column 4	ter total amount fro or 7, Part I, and am in cols. 4 and 7, Pai	ounts	s (a) Enter "consolidated periodical" or names of nonconsolidated periodicals					(b) Enter total amount from column 4, Part I, and amounts listed in column 4, Part II			
										-			
										V-41			
	·	-						<u> </u>					
Enter total here and or Part I, page 2		,				tal here		on line 2					
		SATION	OF OFFICE										
1. Name				2. Title			3. Percent of time devoted to business		Compensation attributable to unrelated business				
									%				
									%				
				<u> </u>					%				
	* .								%				
						* **			%				
Total (enter here	and on lir	ne 14, Pari	t II, page 2).								•		